



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2007 Rate Codes - Vision & Hearing

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PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF	\$69.42	\$44.56	10/1/2007
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION	\$125.19	\$85.58	10/1/2007
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION O	\$63.59	\$35.24	10/1/2007
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION	\$93.87	\$57.37	10/1/2007
92015	DETERMINATION OF REFRACTIVE STATE	\$58.04	\$19.20	10/1/2007
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR	\$131.12	\$131.12	10/1/2007
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR	\$67.85	\$67.85	10/1/2007
92020	GONIOSCOPY (SEPARATE PROCEDURE)	\$25.84	\$19.24	10/1/2007
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AN	\$30.21	\$30.21	10/1/2007
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,	\$54.61	\$54.61	10/1/2007
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND	\$37.90	\$37.90	10/1/2007
92070	FITTING OF CONTACT LENS FOR TREATMENT OF DISEASE, INCLUDING SUPPLY OF LENS	\$65.81	\$37.07	10/1/2007
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	\$50.37	\$50.37	10/1/2007
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	\$65.22	\$65.22	10/1/2007
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	\$75.10	\$75.10	10/1/2007
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOCULAR	\$84.81	\$46.75	10/1/2007



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92120	TONOGRAPHY WITH INTERPRETATION AND REPORT, RECORDING INDENTATION TONOMETER	\$70.07	\$41.33	10/1/2007
92130	TONOGRAPHY WITH WATER PROVOCATION	\$78.22	\$42.88	10/1/2007
92135	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, SCANNING LASER) WITH	\$43.80	\$43.80	10/1/2007
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS	\$84.41	\$84.41	10/1/2007
92140	PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT, WITHOUT	\$55.65	\$25.75	10/1/2007
92225	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT, MELA	\$22.70	\$19.59	10/1/2007
92226	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT,	\$20.55	\$17.45	10/1/2007
92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	\$73.56	\$29.67	10/1/2007
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND	\$130.40	\$130.40	10/1/2007
92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION	\$263.73	\$263.73	10/1/2007
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	\$73.76	\$73.76	10/1/2007
92260	OPHTHALMODYNAMOMETRY	\$17.15	\$10.93	10/1/2007
92265	NEEDLE OCULO ELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES,	\$84.14	\$84.14	10/1/2007
92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	\$88.78	\$88.78	10/1/2007
92275	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	\$118.33	\$118.33	10/1/2007
92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT	\$41.36	\$41.36	10/1/2007
92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	\$76.06	\$76.06	10/1/2007



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92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF	\$44.75	\$44.75	10/1/2007
92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH	\$134.75	\$134.75	10/1/2007
92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH	\$117.84	\$41.33	10/1/2007
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT L	\$85.48	\$58.68	10/1/2007
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$83.46	\$52.78	10/1/2007
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$91.73	\$63.77	10/1/2007
92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$78.59	\$44.80	10/1/2007
92314	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$63.11	\$33.98	10/1/2007
92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$53.90	\$22.44	10/1/2007
92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$67.44	\$35.59	10/1/2007
92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$57.78	\$22.05	10/1/2007
92325	MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF	\$20.22	\$20.22	10/1/2007
92326	REPLACEMENT OF CONTACT LENS	\$57.23	\$57.23	10/1/2007
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	\$38.27	\$18.46	10/1/2007
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	\$42.95	\$23.14	10/1/2007
92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL	\$45.83	\$26.42	10/1/2007



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92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	\$38.66	\$18.46	10/1/2007
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	\$45.58	\$25.00	10/1/2007
92354	FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM	\$265.10	\$265.10	10/1/2007
92355	FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR OTHER COMPOUND LENS	\$130.91	\$130.91	10/1/2007
92358	PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN, INCLUDING	\$32.74	\$32.74	10/1/2007
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	\$31.87	\$16.73	10/1/2007
92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA	\$21.41	\$21.41	10/1/2007
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	BR	BR	10/1/1982
92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA	\$95.12	\$95.12	10/1/2007
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	\$26.54	\$9.84	10/1/2007
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY PROCESSIN	\$114.38	\$37.49	10/1/2007
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY PROCESSING	\$51.96	\$22.48	10/1/2007
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	\$155.42	\$59.49	10/1/2007
92512	NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)	\$62.48	\$27.14	10/1/2007
92516	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEURONOGRAPHY)	\$61.74	\$23.29	10/1/2007
92520	LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUSTIC TESTING)	\$50.89	\$41.18	10/1/2007



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92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$84.23	\$27.53	10/1/2007
92531	SPONTANEOUS NYSTAGMUS, INCLUDING GAZE	\$16.30	\$16.30	5/1/2004
92532	POSITIONAL NYSTAGMUS TEST	\$20.00	\$20.00	5/1/2004
92533	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION)	\$13.23	\$13.23	5/1/2004
92534	OPTOKINETIC NYSTAGMUS TEST	\$61.80	\$61.80	5/1/2004
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING	\$56.48	\$56.48	10/1/2007
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING	\$57.88	\$57.88	10/1/2007
92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION)	\$27.25	\$27.25	10/1/2007
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION,	\$46.49	\$46.49	10/1/2007
92545	OSCILLATING TRACKING TEST, WITH RECORDING	\$42.33	\$42.33	10/1/2007
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	\$86.77	\$86.77	10/1/2007
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$5.96	\$5.96	10/1/2007
92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY	\$105.30	\$105.30	10/1/2007
92551	SCREENING TEST, PURE TONE, AIR ONLY	\$10.12	\$10.12	10/1/2007
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	\$19.90	\$19.90	10/1/2007
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	\$28.49	\$28.49	10/1/2007
92555	SPEECH AUDIOMETRY THRESHOLD;	\$16.40	\$16.40	10/1/2007
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$24.22	\$24.22	10/1/2007
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND	\$51.93	\$51.93	10/1/2007
92560	BEKESY AUDIOMETRY; SCREENING	\$23.81	\$23.81	5/1/2004
92561	BEKESY AUDIOMETRY; DIAGNOSTIC	\$30.04	\$30.04	10/1/2007



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92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	\$20.29	\$20.29	10/1/2007
92563	TONE DECAY TEST	\$17.57	\$17.57	10/1/2007
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	\$19.92	\$19.92	10/1/2007
92565	STENGER TEST, PURE TONE	\$15.63	\$15.63	10/1/2007
92567	TYMPANOMETRY (IMPEDANCE TESTING)	\$22.27	\$22.27	10/1/2007
92568	ACOUSTIC REFLEX TESTING; THRESHOLD	\$14.07	\$14.07	10/1/2007
92569	ACOUSTIC REFLEX TESTING; DECAY	\$15.24	\$15.24	10/1/2007
92571	FILTERED SPEECH TEST	\$16.79	\$16.79	10/1/2007
92572	STAGGERED SPONDAIC WORD TEST	\$8.96	\$8.96	10/1/2007
92575	SENSORINEURAL ACUITY LEVEL TEST	\$20.24	\$20.24	10/1/2007
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	\$20.31	\$20.31	10/1/2007
92577	STENGER TEST, SPEECH	\$26.18	\$26.18	10/1/2007
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$31.98	\$31.98	10/1/2007
92582	CONDITIONING PLAY AUDIOMETRY	\$34.31	\$34.31	10/1/2007
92583	SELECT PICTURE AUDIOMETRY	\$35.91	\$35.91	10/1/2007
92584	ELECTROCOCHLEOGRAPHY	\$91.74	\$91.74	10/1/2007
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$103.01	\$103.01	10/1/2007
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$73.33	\$73.33	10/1/2007
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT	\$55.72	\$55.72	10/1/2007
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION	\$75.89	\$75.89	10/1/2007
92590	HEARING AID EXAMINATION AND SELECTION; MONAURAL	\$52.90	\$52.90	5/1/2004
92591	HEARING AID EXAMINATION AND SELECTION; BINAURAL	\$84.64	\$84.64	5/1/2004
92592	HEARING AID CHECK; MONAURAL	\$9.52	\$9.52	5/1/2004
92593	HEARING AID CHECK; BINAURAL	\$19.04	\$19.04	5/1/2004
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL	BR	BR	10/1/1982



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92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	BR	BR	10/1/1982
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	\$28.88	\$28.88	10/1/2007
92597	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL	\$97.09	\$46.99	10/1/2007
92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH PROG	\$152.01	\$152.01	10/1/2007
92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE;	\$104.63	\$104.63	10/1/2007
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING	\$96.09	\$96.09	10/1/2007
92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT	\$62.69	\$62.69	10/1/2007
92605	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND	BR	BR	1/1/2003
92606	THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE, INCLUDING	BR	BR	1/1/2003
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE	\$133.33	\$133.33	10/1/2007
92608	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE	\$26.52	\$26.52	10/1/2007
92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING	\$70.39	\$70.39	10/1/2007
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	\$119.03	\$119.03	10/1/2007
92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING	\$121.36	\$121.36	10/1/2007
92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO	\$152.69	\$69.19	10/1/2007



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92613	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO	\$40.99	\$40.60	10/1/2007
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	\$141.04	\$69.19	10/1/2007
92615	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	\$36.23	\$36.23	10/1/2007
92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY	\$195.53	\$102.71	10/1/2007
92617	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY	\$44.96	\$44.96	10/1/2007
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	\$53.73	\$53.73	10/1/2007
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	\$13.73	\$13.73	10/1/2007
92625	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING)	\$52.96	\$52.96	10/1/2007
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	\$84.41	\$84.41	10/1/2007
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST S	\$21.02	\$21.02	10/1/2007
92630	AUDITORY REHABILITATION; PRE- LINGUAL HEARING LOSS	\$45.78	\$45.78	10/1/2006
92633	AUDITORY REHABILITATION; POST- LINGUAL HEARING LOSS	\$45.78	\$45.78	10/1/2006
92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	\$54.78	\$54.78	10/1/2007
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	BR	BR	1/1/2003
G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR	\$44.96	\$44.96	10/1/2007
G0118	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION	\$29.69	\$29.69	10/1/2007



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Q1003	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 3 (REDUCED SPHERICAL ABERRATION)	BR	BR	1/1/2000
Q1004	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 4 AS DEFINED IN FEDERAL REGISTER NOTICE	BR	BR	1/1/2000
Q1005	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 5 AS DEFINED IN FEDERAL REGISTER NOTICE	BR	BR	1/1/2000
V2020	FRAMES, PURCHASES	\$69.93	\$69.93	10/1/2007
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	\$32.76	\$32.76	10/1/2007
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$43.91	\$43.91	10/1/2007
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	\$53.26	\$53.26	10/1/2007
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO	\$31.28	\$31.28	10/1/2007
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO	\$33.09	\$33.09	10/1/2007
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO	\$36.30	\$36.30	10/1/2007
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	\$43.44	\$43.44	10/1/2007
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE,	\$46.74	\$46.74	10/1/2007
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D	\$44.44	\$44.44	10/1/2007
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D	\$49.94	\$49.94	10/1/2007
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D	\$42.77	\$42.77	10/1/2007
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	\$50.43	\$50.43	10/1/2007



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V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	\$52.91	\$52.91	10/1/2007
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	\$52.48	\$52.48	10/1/2007
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$56.85	\$56.85	10/1/2007
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	\$79.22	\$79.22	10/1/2007
V2118	ANISEIKONIC LENS, SINGLE VISION	\$79.09	\$79.09	10/1/2007
V2121	LENTICULAR LENS, PER LENS, SINGLE	\$84.44	\$84.44	10/1/2007
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	BR	BR	3/1/1989
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	\$48.97	\$48.97	10/1/2007
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$59.60	\$59.60	10/1/2007
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	\$55.00	\$55.00	10/1/2007
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D	\$53.26	\$53.26	10/1/2007
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D	\$54.05	\$54.05	10/1/2007
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D	\$53.38	\$53.38	10/1/2007
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	\$59.96	\$59.96	10/1/2007
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,.12	\$58.23	\$58.23	10/1/2007
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12	\$64.14	\$64.14	10/1/2007
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25	\$60.18	\$60.18	10/1/2007



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V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER	\$64.19	\$64.19	10/1/2007
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25	\$77.96	\$77.96	10/1/2007
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$73.18	\$73.18	10/1/2007
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$68.16	\$68.16	10/1/2007
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$77.09	\$77.09	10/1/2007
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	\$94.80	\$94.80	10/1/2007
V2218	ANISEIKONIC, PER LENS, BIFOCAL	\$91.01	\$91.01	10/1/2007
V2219	BIFOCAL SEG WIDTH OVER 28MM	\$37.24	\$37.24	10/1/2007
V2220	BIFOCAL ADD OVER 3.25D	\$35.20	\$35.20	10/1/2007
V2221	LENTICULAR LENS, PER LENS, BIFOCAL	\$98.51	\$98.51	10/1/2007
V2299	SPECIALTY BIFOCAL (BY REPORT)	BR	BR	3/1/1989
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00.D, PER LENS	\$60.60	\$60.60	10/1/2007
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$74.58	\$74.58	10/1/2007
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS	\$68.59	\$68.59	10/1/2007
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D	\$65.34	\$65.34	10/1/2007
V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D	\$67.81	\$67.81	10/1/2007
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00	\$67.99	\$67.99	10/1/2007
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	\$68.56	\$68.56	10/1/2007
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12	\$73.43	\$73.43	10/1/2007



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V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	\$71.63	\$71.63	10/1/2007
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	\$86.72	\$86.72	10/1/2007
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	\$73.25	\$73.25	10/1/2007
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$89.68	\$89.68	10/1/2007
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$99.94	\$99.94	10/1/2007
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$111.61	\$111.61	10/1/2007
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS	\$103.60	\$103.60	10/1/2007
V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	\$128.53	\$128.53	10/1/2007
V2318	ANISEIKONIC LENS, TRIFOCAL	\$163.60	\$163.60	10/1/2007
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	\$41.54	\$41.54	10/1/2007
V2320	TRIFOCAL ADD OVER 3.25D	\$43.82	\$43.82	10/1/2007
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	\$121.95	\$121.95	10/1/2007
V2399	SPECIALTY TRIFOCAL (BY REPORT)	BR	BR	3/1/1989
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	\$100.00	\$100.00	10/1/2007
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	\$120.52	\$120.52	10/1/2007
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	BR	BR	10/1/1982
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	\$73.55	\$73.55	10/1/2007
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	\$115.68	\$115.68	10/1/2007
V2502	CONTACT LENS PMMA, BIFOCAL, PER LENS	\$169.26	\$169.26	10/1/2007
V2503	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS	\$117.50	\$117.50	10/1/2007
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	\$98.88	\$98.88	10/1/2007



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V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	\$159.81	\$159.81	10/1/2007
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS	\$185.53	\$185.53	10/1/2007
V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	\$170.22	\$170.22	10/1/2007
V2520	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	\$87.24	\$87.24	10/1/2007
V2521	CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	\$151.88	\$151.88	10/1/2007
V2522	CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS	\$197.07	\$197.07	10/1/2007
V2523	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS	\$125.95	\$125.95	10/1/2007
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS	\$186.55	\$186.55	10/1/2007
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION,	\$444.63	\$444.63	10/1/2007
V2599	CONTACT LENS, OTHER TYPE	BR	BR	3/1/1989
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	BR	BR	3/1/1989
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	BR	BR	3/1/1989
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION	BR	BR	3/1/1989
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	\$1,001.11	\$1,001.11	10/1/2007
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	\$50.92	\$50.92	10/1/2007
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	\$361.04	\$361.04	10/1/2007
V2626	REDUCTION OF OCULAR PROSTHESIS	\$222.51	\$222.51	10/1/2007
V2627	SCLERAL COVER SHELL	\$1,077.80	\$1,077.80	10/1/2007
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	\$254.49	\$254.49	10/1/2007
V2629	PROSTHETIC EYE, OTHER TYPE	BR	BR	3/1/1989
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	BR	BR	3/1/1989
V2631	IRIS SUPPORTED INTRAOCULAR LENS	BR	BR	3/1/1989



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V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	BR	BR	3/1/1989
V2700	BALANCE LENS, PER LENS	\$48.86	\$48.86	10/1/2007
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	\$67.72	\$67.72	10/1/2007
V2715	PRISM, PER LENS	\$12.96	\$12.96	10/1/2007
V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	\$31.84	\$31.84	10/1/2007
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	\$22.85	\$22.85	10/1/2007
V2744	TINT, PHOTOCHROMATIC, PER LENS	\$13.72	\$13.72	10/1/2007
V2750	ANTI-REFLECTIVE COATING, PER LENS	\$19.98	\$19.98	10/1/2007
V2755	U-V LENS, PER LENS	\$13.89	\$13.89	10/1/2007
V2760	SCRATCH RESISTANT COATING, PER LENS	\$17.87	\$17.87	10/1/2007
V2770	OCCLUDER LENS, PER LENS	\$21.76	\$21.76	10/1/2007
V2780	OVERSIZE LENS, PER LENS	\$13.97	\$13.97	10/1/2007
V2781	PROGRESSIVE LENS, PER LENS	BR	BR	1/1/1996
V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE,	\$52.86	\$52.86	10/1/2007
V2783	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO	\$59.60	\$59.60	10/1/2007
V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	\$38.76	\$38.76	10/1/2007
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	BR	BR	3/1/1989
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	BR	BR	1/1/2001
V2799	VISION SERVICE, MISCELLANEOUS	BR	BR	3/1/1989
V5008	HEARING SCREENING	BR	BR	3/1/1989
V5010	ASSESSMENT FOR HEARING AID	BR	BR	3/1/1989
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	BR	BR	3/1/1989
V5014	REPAIR/MODIFICATION OF A HEARING AID	BR	BR	3/1/1989
V5020	CONFORMITY EVALUATION	BR	BR	3/1/1989
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	BR	BR	3/1/1989
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	BR	BR	3/1/1989
V5050	HEARING AID, MONAURAL, IN THE EAR	BR	BR	3/1/1989



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V5060	HEARING AID, MONAURAL, BEHIND THE EAR	BR	BR	3/1/1989
V5070	GLASSES, AIR CONDUCTION	BR	BR	3/1/1989
V5080	GLASSES, BONE CONDUCTION	BR	BR	3/1/1989
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	BR	BR	3/1/1989
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	BR	BR	1/1/2003
V5100	HEARING AID, BILATERAL, BODY WORN	BR	BR	3/1/1989
V5110	DISPENSING FEE, BILATERAL	BR	BR	3/1/1989
V5120	BINAURAL, BODY	BR	BR	3/1/1989
V5130	BINAURAL, IN THE EAR	BR	BR	3/1/1989
V5140	BINAURAL, BEHIND THE EAR	BR	BR	3/1/1989
V5150	BINAURAL, GLASSES	BR	BR	3/1/1989
V5160	DISPENSING FEE, BINAURAL	BR	BR	3/1/1989
V5170	HEARING AID, CROS, IN THE EAR	BR	BR	3/1/1989
V5180	HEARING AID, CROS, BEHIND THE EAR	BR	BR	3/1/1989
V5190	HEARING AID, CROS, GLASSES	BR	BR	3/1/1989
V5200	DISPENSING FEE, CROS	BR	BR	3/1/1989
V5210	HEARING AID, BICROS, IN THE EAR	BR	BR	3/1/1989
V5220	HEARING AID, BICROS, BEHIND THE EAR	BR	BR	3/1/1989
V5230	HEARING AID, BICROS, GLASSES	BR	BR	3/1/1989
V5240	DISPENSING FEE, BICROS	BR	BR	3/1/1989
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	BR	BR	1/1/2002
V5242	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)	BR	BR	1/1/2002
V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	BR	BR	1/1/2002
V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	BR	BR	1/1/2002
V5245	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC	BR	BR	1/1/2002
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	BR	BR	1/1/2002
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	BR	BR	1/1/2002
V5248	HEARING AID, ANALOG, BINAURAL, CIC	BR	BR	1/1/2002



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V5249	HEARING AID, ANALOG, BINAURAL, ITC	BR	BR	1/1/2002
V5250	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC	BR	BR	1/1/2002
V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	BR	BR	1/1/2002
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	BR	BR	1/1/2002
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	BR	BR	1/1/2002
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	BR	BR	1/1/2002
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	BR	BR	1/1/2002
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	BR	BR	1/1/2002
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	BR	BR	1/1/2002
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	BR	BR	1/1/2002
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	BR	BR	1/1/2002
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	BR	BR	1/1/2002
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	BR	BR	1/1/2002
V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	BR	BR	1/1/2002
V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	BR	BR	1/1/2002
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	BR	BR	1/1/2002
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	BR	BR	1/1/2002
V5266	BATTERY FOR USE IN HEARING DEVICE	BR	BR	1/1/2002
V5267	HEARING AID SUPPLIES / ACCESSORIES	BR	BR	1/1/2002
V5275	EAR IMPRESSION, EACH	BR	BR	1/1/2002
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	BR	BR	1/1/2003
V5299	HEARING SERVICE, MISCELLANEOUS	BR	BR	3/1/1989



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V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES	BR	BR	3/1/1989
V5362	SPEECH SCREENING	BR	BR	3/1/1989
V5363	LANGUAGE SCREENING	BR	BR	3/1/1989
V5364	DYSPHAGIA SCREENING	BR	BR	3/1/1989